

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	09/647418
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1								51
2								52
3								53
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46								96
47								97
48								98
49								99
50								100
TOTAL IND.								TOTAL IND.
TOTAL DEP.	95							TOTAL DEP.
TOTAL CLAIMS	96							TOTAL CLAIMS

PTO-1350 (2-79)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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